

RMD Bulletin

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INTER-COUNTY MEDI-CAL TRANSFERS



Many Medi-Cal beneficiaries move from one county to another within the State of California. At times, Eligibility Workers have informed beneficiaries that they must close out their old Medi-Cal case and re-apply in their new county. **THIS IS NOT TRUE.** The Sending County (County that the beneficiary has moved out of) is required to initiate an Inter-County Transfer (ICT). Medi-Cal is a statewide program and beneficiaries should not have to re-apply and lose continuity of coverage.

It is the beneficiary's responsibility to report a change of address to their Eligibility Worker. Once reported, the Sending County has seven calendar days to initiate the ICT to the Receiving County (county where the beneficiary has moved) and the Sending County must complete the following:

- Confirm the change of address by telephone.
- Send an ICT Informing Notice to the beneficiary at his/her new address.
- Complete a change of address on the Medi-Cal Eligibility Data System (MEDS) so that it reflects the beneficiary's new address and new residence county code.

The Receiving County has until the first of the following month to complete the ICT process. For example, if the Receiving County receives an ICT notice on July 8th, they have until August 1st to complete the process. Listed below is the complete ICT process:

- Review case documents received in the ICT packet from the Sending County.
- Notify the Sending County of the effective date of Medi-Cal benefits in the new county so the Eligibility Worker in the Sending County can close out the case.
- Send a Notice of Action to the beneficiary at his/her new address informing them of their new Eligibility Worker's name, phone number and office hours.

Unfortunately, the ICT process sometimes requires the intervention of an advocate. If the beneficiary has requested an ICT from their Eligibility Worker in the Sending County and the process has not been initiated, call the ICT Coordinator in that county and request that the case be transferred. If the process has been started and the beneficiary has not heard to whom their case has been assigned, call the Medi-Cal Deputy in the district office that corresponds to the beneficiary's new address and make a case complaint.

Meanwhile, to ensure that the beneficiary has access to health care during this process, let the beneficiary know that if he/she has fee-for-service Medi-Cal, then those benefits can be used at any clinic that accepts Medi-Cal. If the beneficiary is enrolled in a

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Managed Care plan, have the beneficiary call Health Care Options at (800) 430-4263 and request an Expedited Disenrollment so that fee-for-service Medi-Cal can be accessed. Moving out of a county is a valid reason for an immediate disenrollment into fee-for-service Medi-Cal.

If further assistance is required, call the Health Consumer Center at (800) 896-3203 or Maternal and Child Health Access at (213) 749-4261.

For more detailed information of the Medi-Cal ICTs process, refer to All County Letter 03-12 at <http://www.dhcs.ca.gov/services/medi-cal/eligibility/pages/2003acwdls.aspx>.

We're here to help you...

If you have any questions or need additional information, please contact RMD at (213) 480-3444 or via e-mail at RevenueManagement@dmh.lacounty.gov.